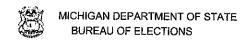


## MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

FILED

## CANDIDATE COMMITTEE OCCUP 12 PH 3: 23

COVER PAGE	05 SET 12 TO FOR OFFICIAL USE ONLY		
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers Robin RN 101/05 to 5/31/05		
1. Committee I.D. Number	4. FGandidate Last Name First Name M.I.  Hertel Willam A.		
2. Committee Name CTE William A. Hertel	4a. Office Sought Including District # or Community Served (If applicable)  County Commissioner Dist ZO		
5. Committee's Mailing Address	4b. County of Residence Macomb  6. Treasurer's Name & Residential Address		
	William A. Hertel		
33595 Duncon			
Fraser, MI 48026	33695 Duncan		
Area Code and Phone 586 291- 9216	Fraser, MI 48026		
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 586-29 I-9216		
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
N/A	N/A		
Area Code and Phone	Area Code and Phone		
9. TYPE OF STATEMENT			
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement ( 2005Coverage Year)		
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
Primary Gene	9e. Dissolution of Candidate Committee		
Convention	Effective Date of Dissolution		
Date of Election, Convention or Caucus	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule		
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
0. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of your knowledge and belief the contents are true, accurate and complete.			
urrent Treasurer or			
Designated Record keeper/	Date		
Type or Print Name	Signature		
Candidate William HERTER	Willin Helec on 9/12/06		
Type or Print Name	Signature DateDate		



1. Committee I.D. Number \_\_\_\_\_\_

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name William Hertel For County Commission

CANDIDATE COMMINITTEE		
RECEIPTS  3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)		$\times$
c. Subtotal of "Contributions"	(3b.) \$ <u>NOT APPLICABLE</u> (3c.) \$	(19)6
4. Other Receipts (Schedule 1A -1, Column 6)		(18.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(4.) \$	(19.)\$
(Add Line 3c + Line 4)	(5.) \$	(20.)\$
IN-KIND CONTRIBUTIONS & EXPENDITURES	$\mathcal{R}$	X
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	$\sim$	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(100.) 6	
b. Unitemized (less than \$50.01 each - no Schedule)	(10a.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.)	(24.) \$
a. Owed by the Committee (Schedule 1E)	(120.) \$	
, ,	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(11) + 6	
(Line 5, Total Contributions & Other Receipts)	(14.) + \$	
, ,	(15.) = \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16)	
(Add lines 9 and 11)	(16.) - \$	
17. ÈNDING BALANCÉ	(17.) \$*	
(Subtract line 16 from line 15)		